

EXHIBIT C

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

In re Terrorist Attacks on September 11, 2001	03-md-1570 (GBD)(SN)
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This document relates to:

Jessica DeRubbio, et al. v. Islamic Republic of Iran, Case Number: 1:18-cv-05306 (GBD) (SN)

DECLARATION OF FAMILIAL RELATIONSHIP

I, Rebecca Sue Loethen, declare under penalty of perjury, as provided for by 28 U.S.C. § 1746, that the following statements are true and correct:

1. My name is Rebecca Sue Loethen, and I am the Personal Representative of the Estate of Julie Marie Geis, who died on September 11, 2001 when the South Tower of the World Trade Center collapsed.
2. I was the life partner of Julie M. Geis. While same-sex marriage was not permitted under the law during our time together, for the reasons set forth below, I should be deemed a spousal equivalent.
3. In 1990, I met Julie for the first time during our employment with the Postal Service in Columbia, Missouri. It was at this time that our lifelong partnership began.
4. I was working in the finance department and Julie as a management trainee. After quickly becoming the best of friends and spending more and more time together, we realized that we were soul mates.
5. We soon developed a loving, committed, and monogamous relationship. We purchased wedding bands for one another as a sign of our commitment to each other and held ourselves out to the world as domestic life partners.

6. Together, we purchased a house in an affluent suburb of Kansas City and, shortly thereafter, I retired from my work at the Post Office to take care of our home and pets while Julie focused on her career.

7. Over the years, our relationship flourished, and our families and friends universally accepted us, without compromise or hesitation, as life partners.

8. Julie and I jointly owned a checking account, our home and its furnishings, automobiles, and other personal assets. We traveled together, were passionate about playing golf together, and spent virtually all of our free time together. I was named as the sole beneficiary and Personal Representative in Julie's Will, which described me as Julie's "friend and companion," (Exhibit 1), in addition to being named as the beneficiary on several of Julie's insurance policies. *See* Exhibits 2 and 3. After Julie's death the State of New York, Workers' Compensation Board heard evidence from both Julie's mother and myself and determined that I was Julie's domestic partner, thus warranting the payment of workers' compensation benefits to me. *See* Exhibit 4. The New York Crime Victims Board similarly determined that I was the Julie Geis's "domestic partner." *See* Exhibit 5.

9. At the time of Julie's death, we were in the process of searching for land closer to Nebraska to build our dream house: one that would fulfill our needs and also allow for us to visit Julie's family more frequently.

10. Julie's death shattered these dreams, and devastated me indescribably, causing both physical and emotional trauma, including a Post-Traumatic Stress Disorder diagnosis, and other health problems. *See* Exhibit 6.

11. Since 9/11, I have undergone various forms of therapy, including prescription anti-depressants and steroids.

12. In sum, Julie Geis and I shared our lives as only two people with the deepest kind of love for one another can. Despite making every effort to move on with my life, I still struggle on a daily basis with Julie's death. Julie will always be a significant and substantial part of what and who I am. I loved Julie dearly, and miss her deeply.

13. On September 10, 2001, Julie and I traveled to New York City together to enjoy the sights and sounds of the City, to take in a Yankees' game, and to allow Julie to fulfill a few days of work related responsibilities.

14. The AON Corporation employed hundreds of people on many of the upper floors of the South Tower of the World Trade Center, and Julie was on the 102nd floor of the South Tower on the morning of September 11 in a meeting with her staff members when the terrorists crashed the first plane into the North Tower.

15. Julie immediately called me back at our hotel room. Julie told me that she had just seen an airplane crash into the North Tower, not-to worry, that she was okay and that she was in the South Tower. Julie then told me to turn my television on. Until then, I had been completely unaware of the events unfolding around me, and when I turned my television on, I, like the rest of America, was immediately riveted by the tragedy unfolding just blocks from my room.

16. At precisely 9:03 a.m., just a few short minutes after finishing what had been a "comforting" conversation with Julie, I watched in utter disbelief as United Airlines Flight 175 crashed into the South Tower (between the 78th and 84th floors).

17. Transcripts released from the Port Authority of New York and New Jersey reveal numerous calls for help being made after the impact from the 87th floor and above of the South Tower. Callers from the South Tower above the crash zone describe a terror filled scene with smoke everywhere — and no way to escape. Julie, on the 102nd floor, unquestionably survived

the impact and was, like the rest of those above the inferno, trapped, most certainly scared and very aware that she was in imminent danger.

18. Forty-seven minutes after UAL 175 hit the South Tower, at 9:50 a.m. and in “real time,” I watched in horror as the South Tower suddenly collapsed. Looking out the window of my room in the minutes that followed, I soon saw lower Manhattan engulfed in smoke and dust - tangible evidence that the South Tower had indeed crashed to the ground.

19. Despite what I had seen, and driven by hope and faith, I *knew* that somehow, somehow, Julie had survived the collapse or managed to escape the building before it came down. As soon as I could grasp the magnitude of what had happened and was able to get around, I got as close as I could get to Ground Zero, handing out pictures of Julie, searching, asking anyone and everyone if they had seen her — including a tearful plea for help on CNN. I recall that Julie was #329 on the form listing missing individuals, and I went through the names of hundreds of survivors, forcing myself to review lists of body parts and composite pictures.

20. Refusing to give in, I turned in Julie’s toothbrush and hairbands to be used for gathering DNA samples. Despite my unsuccessful efforts to find some trace of Julie in the emergency rooms in Manhattan, the Armory, or anywhere else in New York City that week, I would not give up my belief that somehow, somehow, my soul mate had found a way to survive.

21. After a week, I began to accept the unacceptable, and allowed my friends to take me back to the Geis family home in Nebraska where I spent time with Julie’s family. Days passed, hope faded and the reality that Julie was not coming back began to settle in. Julie’s remains were never recovered from Ground Zero.

Executed on: July 27, 2019
Name (Signature): Rebecca Lottman

Executed on: July 27, 2019

Name (Signature): Rebecca Sue Loethen

Name (Print): Rebecca Sue Loethen

EXHIBIT 1

**Surrogate's Court
of the County of New York**

LETTERS TESTAMENTARY
The People of the State of New York

Index#2003-3103

To Rebecca S. Loethen send greetings:

WHEREAS, the last will and testament of Julie M. Geis deceased, late of Lee's Summit, MO was duly admitted to probate by decree of the Surrogate's Court of New York County on October 28, 2003 which directed the issuance to you of LETTERS TESTAMENTARY upon your qualifying according to law.

NOW, THEREFORE, KNOW YE that you are hereby authorized to administer the estate of the said deceased subject to the jurisdiction and the supervision of this court.

WITNESS, Eve Preminger , a Surrogate of the County of New York this October 29, 2003.


Jane Passenant

Clerk of the Surrogate's Court

NOTICE

Attention is called to the provision of Sec.11-1.6 of Estates, Powers and Trusts Law and Sec.719 of Surrogate's Court Procedure Act, which make it a misdemeanor and a cause for removal for an executor, administrator trustee or guardian to deposit or invest estate funds in his individual account or name. All estate funds must be deposited in the name of the executor, administrator, trustee or guardian in his or her representative capacity and to the credit of the estate. Sec.708 and Sec.711 of the Surrogate's Court Procedure Act provide that if a fiduciary shall change his address he shall promptly notify the court of his new address and that failure to do so within thirty (30) days after such change may result in the suspension or revocation of letters.

212-005344-0031

* THIS ORIGINAL LETTER IS NOT VALID WITHOUT A RAISED SEAL OF THE COURT *

WILL

of

JULIE M. GEIS

I, **JULIE M. GEIS**, Lee's Summit, Jackson County, Missouri, declare this to be my Will and revoke all other Wills.

ARTICLE I

I give those items of tangible personal property which are described in the most recent list signed by me and dated after the date of this Will to my survivors named in the list. To the extent that such list does not dispose of all my tangible personal property, or in the event that such list is not found within thirty (30) days after my death, I give such property to my friend and companion, **REBECCA S. LOETHEN**.

ARTICLE II

I give all the rest of my property to, **REBECCA S. LOETHEN**, if she survives me. If **REBECCA S. LOETHEN** does not survive me, I give the rest of my property to my parents, **PAUL C. and BETTY J. GEIS**, if either or both survive me; but if my parents do not survive me, then I give the rest of my property in equal shares to my siblings who survive me: **MARY LOU BUSS, CAROL ANNE VARLAND, MICHAEL PAUL GEIS, DAVID EUGENE GEIS, DANIEL JOSEPH GEIS, JAMES PATRICK GEIS, and CHRISTOPHER ALLEN GEIS**; provided that if any of my siblings does not survive me but leaves descendants surviving me those descendants shall take, per stirpes, the share which my sibling would have taken if he or she had survived me.

ARTICLE III

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The provisions in this Will for the distribution of my estate shall be supplemented by the following:

(A) My Personal Representative shall pay all taxes (including inheritance taxes) owed because of my death (including any interest and penalties) out of the residue of my estate. The payment of the taxes shall be made regardless of whether the taxes are owed on property passing under this Will or outside of this Will and regardless of whether the taxes are owed by my estate or by any beneficiary. My Personal Representative shall not be entitled to reimbursement from any beneficiary for the payment of the taxes.

(B) Each beneficiary shall be deemed not to have survived me unless the beneficiary is living on the sixtieth day after the date of my death.

(C) Whenever any beneficiary of my estate is under a legal disability or, in the judgment of my Personal Representative, is for any reason unable to apply any distribution to the beneficiary's own best advantage, my Personal Representative may nevertheless make the distribution directly to the beneficiary or to the conservator of the beneficiary's property or to a person with whom the beneficiary resides at the time of the distribution in whatever manner my Personal Representative shall deem best. The receipt by the beneficiary, conservator, custodian or other person of any distribution so made shall be a complete discharge to my Personal Representative regarding the distribution.

ARTICLE IV

In addition to the existing authority of my Personal Representative, my Personal Representative may exercise those powers listed in Section 456.520 of the Revised Statutes of Missouri (which Section is incorporated by reference into this Will) and, in addition, may:

(A) Sell or grant options with respect to any real or personal property in such manner, for such purposes, for such prices, and upon such terms, credits and conditions as may be deemed advisable.

(B) Make any distribution of my residuary estate in money or in other property or partly in both.

(C) Take charge of any real property as part of the probate administration of my estate for such period as my Personal Representative shall determine; collect any income therefrom; and pay the taxes and expenses thereof, including the cost of keeping such property in adequate condition and repair, in the manner and to the extent that my Personal Representative shall deem advisable.

ARTICLE V

(A) I appoint **REBECCA S. LOETHEN**, as Personal Representative of my estate. If **REBECCA S. LOETHEN** shall fail to qualify or cease to act as my Personal Representative, I appoint my brother, **DANIEL JOSEPH GEIS** and **MARILYN J. DEVERMAN**, as alternate or successor Personal Representatives in her place.

(B) The principal administration of my estate shall take place in the state of Missouri. To the extent permitted by law, my Personal Representative shall be authorized, in the discretion of my Personal Representative, to have my estate administered without adjudication, order or direction of the court having jurisdiction over my estate.

(C) No bond or surety shall be required of any Personal Representative serving hereunder.

(D) Throughout this Will, the use of any gender shall be deemed to include all genders, and the use of the singular the plural, and vice versa. The terms "child" and "descendant" shall include adopted persons and their descendants.


I sign this Will on January 28, 2000.



JULIE M. GEIS

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ORIGINAL FILED *August 20th 2005*
A TRUE COPY
one
CLERK OF THE SURREGATE'S COURT
CERTIFIED *October 1st 2005*


 We sign this Will and declare that Testator executes this instrument as Testator's Will, in our presence, and that each of us, in the presence of Testator and each other, signs this Will as witness to Testator's signing.

Bruce L. Sauer of Kansas City, Mo.
John Hawes of Overland Park, KS.

THE STATE OF Missouri
 THE COUNTY OF Jackson

I, the undersigned, a notary public, certify that JULIE M. GEIS, Testator, and the witnesses whose names are signed to the foregoing instrument, having appeared together before me and having been first duly sworn, each then declared to me that Testator executed the instrument as Testator's Will; that Testator had willingly signed; that Testator executed it as Testator's free and voluntary act for the purposes therein expressed; that each of the witnesses, in the presence and hearing of Testator and each other, signed the Will as witness; and that, to the best of the knowledge of each, Testator was at that time over seventeen years of age, of sound mind, and under no constraint or undue influence.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last above written.


 Notary Public

My commission expires:

SANDRA L. SCHERMEHORN
 Notary Public - State of Missouri
 County of Jackson
 My Commission Expires Jun 6, 2003

EXHIBIT 2

Form **712**
(Rev. August 1994)
Department of Treasury
Internal Revenue Services

Life Insurance Statement

OMB No. 1545-0022

Part 1 Decedent-Insured - (To Be Filed by the Executor With United States Estate Tax Return, Form 706 or Form 706-NA)

1. Decedent's first name and middle initial JULIE M	2. Decedent's Last name GEIS	3. Decedent's social security number (if known) [REDACTED]	4. Date of Death 09/11/2001
5. Name and address of insurance company Connecticut General Life Insurance Company 280 Trumbull Street B14A			
6. Type of policy UNIVERSAL LIFE			7. Policy number CUL024685Z
8. Owner's name, if decedent is not owner, please attach copy of application.		9. Date issued	10. Assignor's name. Attach copy of assignment. AON
11. Date assigned 06/06/2000	12. Value of the policy at the time of assignment.	13. Amount of premium (see instructions) \$ 6,321.00	14. Name of beneficiaries REBECCA LOETHEN AON
15. Face amount of policy			\$ 323,173.00
16. Indemnity benefits			\$ 0.00
17. Additional insurance			\$ 0.00
18. Other benefits			\$ 0.00
19. Principal of any indebtedness to the company that is deductible in determining net proceeds			\$ 0.00
20. Interest on indebtedness (line 19) accrued to date of death			\$ 0.00
21. Amount of accumulated dividends			\$ 0.00
22. Amount of post-mortem dividends			\$ 0.00
23. Amount of returned premium			\$ 0.00
24. Amount of proceeds if payable in one sum			\$ *
25. Value of proceeds as of date of death (if not payable in one sum)			\$ 0.00
26. Policy provisions concerning deferred payments or installments. Note: If other than lump-sum settlement is authorized for a surviving spouse, attach a copy of the insurance policy. REBECCA LOETHEN - \$310,500.00 AON - \$12,673.00			
27. Amount of installments			\$
28. Date of birth, sex, and name of any person the duration of whose life may measure the number of payments.			
29. Amount applied by the insurance company as a single premium representing the purchase of installment benefits. \$			
30. Basis (mortality table and rate of interest) used by insurer in valuing installment benefits.			

31. Was the insured, the annuitant or beneficiary of any annuity contract issued by the company? ☐ Yes ☒ No

32. Names of companies with which decedent carried other policies and amount of such policies if this information is disclosed by your records.

The undersigned officer of the above-named insurance company hereby certifies that this statement sets forth true and correct information.

Signature *[Signature]* Title *[Signature]* Date of Certification *11/07/2001*

INSTRUCTIONS

Paperwork Reduction Act Notice. - We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Form 712	Recordkeeping 18 hrs., 25 min.	Preparing the form 18 min.
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If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the IRS

and the Office of Management and Budget at the addresses listed in the instructions of the tax return with which this form is filed. DO NOT send the tax form to either of these offices. Instead, return it to the executor or representative who requested it.

Statement of Insurer. - This statement must be made, on behalf of the insurance company that issued the policy, by an officer of the company having access to the records of the company. For purposes of this statement, a facsimile signature may be used in lieu of a manual signature and if used, shall be binding as a manual signature.

Separate Statements. - File a separate Form 712 for each policy.

Line 13. - Report on line 13 the annual premium, not the cumulative premium to date of death. If death occurred after the end of the premium period, report the last annual premium.

212-005344-0057

EXHIBIT 3

OCT-06-2003 10:07

P.03

Julie Geis

Page 1 of 6

AON

Employee ID: 0028531

Address: Kansas City MO

Birth Date: 8/14/1957

SS#: [REDACTED]

Company name: Aon Risk Services Companies

Service Date: 5/29/1995

2002 Earnings

Earnings	YTD Amt
Base Salary/Wages	\$2,985.58
Performance Related Bonus	\$25,000.00

Earnings History

2001 Earnings	YTD Amt
Base Salary/Wages	\$135,923.10
Performance Related Bonuses	\$50,000.00

2000 Earnings	YTD Amt
Base Salary/Wages	\$143,423.70
Performance Related Bonuses	\$41,000.00
Other Bonuses (e.g. employee referral, education, sign on, etc.)	\$790.77

1999 Earnings	YTD Amt
Base Salary/Wages	\$75,000.02
Performance Related Bonuses	\$12,098.10
Other Bonuses (e.g. employee referral, education, sign on, etc.)	\$1,000.00

1998 Earnings	YTD Amt
Base Salary/Wages	\$64,695.20
Performance Related Bonuses	\$5,500.00
Other Bonuses (e.g. employee referral, education, sign on, etc.)	\$5,000.00

Job/Salary History

Effective	Job Title	Action/Action Reason	Annual Rt	Change %	Change Amt
4/1/2001	Not Yet Assigned	Pay Rate Change: Merit	155,250.00	3.5	5,250.00
2/6/2000	Not Yet Assigned	Pay Rate Change: Transfer	150,000.00	61.29	57,000.00
12/26/1999	Cons Sales Bus Dev	Pay Rate Change: Merit	93,000.00	20	15,500.00
6/27/1999	Cons-Srvc/Sales-Bus Dev	Pay Rate Change: Merit	77,500.00	6.897	5,000.00
11/29/1998	Not Yet Assigned	Pay Rate Change: Merit	72,500.00	10.58	6,936.38
6/28/1998	Not Yet Assigned	Pay Rate Change: Merit	65,563.62	3	1,908.62
6/28/1998	Not Yet Assigned	Pay Rate Change: Merit	63,654.00	-0.915	-588.00
1/15/1997	Not Yet Assigned	Hire: Alexander & Alexander Acq	64,242.00	0	0.00

FICA Taxes

Year	Medicare Employee Tax Paid	Medicare Employer Tax Paid	OASDI Employee Tax Paid	OASDI Employer Tax Paid
2001	\$2,696.14	\$2,896.14	\$4,984.80	\$4,984.80
2000	\$2,673.60	\$2,673.60	\$4,724.40	\$4,724.40
1999	\$1,266.32	\$1,266.32	\$4,501.20	\$4,501.20
1998	\$1,080.83	\$1,080.83	\$4,240.80	\$4,240.80

212-005344-0063

These schedules can be attached directly to the September 11th Victim Compensation Fund application. You can refer to these schedules rather than copying the information onto the application. If you have any questions on the information, call 1-800-361-3158.

OCT-06-2003 10:08

P.04

Julie Geis

Page 2 of 6

AON

Employee ID: 0028531

Address: Kansas City MO

Birth Date: 8/14/1957

SS#: [REDACTED]

Company name: Aon Risk Services Companies

Service Date: 5/29/1995

Health Benefit Premiums/Costs

2001			
PlanType	Coverage/Description	Employee Premium Paid	Employer Premium Paid
MEDICAL	1 Employee only	\$641.40	\$1,794.00
DENTAL	1 Employee only	\$64.20	\$188.40
2000			
PlanType	Coverage/Description	Employee Premium Paid	Employer Premium Paid
MEDICAL	1 Employee only	\$752.96	\$2,106.00
DENTAL	1 Employee only	\$82.88	\$238.46
1999			
PlanType	Coverage/Description	Employee Premium Paid	Employer Premium Paid
MEDICAL	1 Employee only	\$672.62	\$1,881.36
DENTAL	1 Employee only	\$73.84	\$214.32

Medical and Dental Premiums Paid by AON after September 11

Plan	6 month employee premium paid by AON through April 30, 2002	Employer Premium Paid
DENTAL	\$0.00	\$0.00
MEDICAL	\$0.00	\$0.00

Medical and dental coverage available at AON employee rates for spouse until age 65 or remarriage, whichever is earlier, and for children until dependent eligibility period ends.

Medical and Dental Election History

Effective Date	Plan	Coverage
12/31/1997	Aon Dental Plan Before Tax	Employee only

212-005344-0064

These schedules can be attached directly to the September 11th Victim Compensation Fund application. You can refer to these schedules rather than copying the information onto the application. If you have any questions on the information, call 312-381-3158.

OCT-06-2003 10:08

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Julia Geis

Page 3 of 8

Aon

Employee ID: 0028531

Address: Kansas City MO

Birth Date: 8/14/1957

SS#: [REDACTED]

Company name: Aon Risk Services Companies

Service Date: 5/29/1995

Pension Plan (Qualified Plan)

Years service for benefit accrual as of 9/11/01: 7

Amount payable due to the death of the participant on 9/11/01: \$0.00

Vested accrued benefit-monthly benefit payable to participant at age 65 assuming termination of employment on 9/11/01: \$737.99

Data needed for projection purposes for grandfathered benefits due to 1998 plan amendment:

Accrued annual benefit as of 12/31/1997: \$1,596.12

Final average earnings as of 12/31/1997: \$55,654.46

Savings Plan

Year	Employee Pre-tax contribution	Employee After-tax contribution	Employer Match
2001	\$10,500.00	\$0.00	\$0.00
2000	\$10,500.00	\$0.00	\$8,925.00
1999	\$9,738.98	\$2,517.92	\$4,572.64

Savings Plan Contribution Election History

Effective Date	Before Tax %	After Tax %
1/1/2000	8	0
12/12/1999	16	0
1/1/1998	11	3

Supplemental Savings Plan**Employer Allocation**

2001	\$0.00
2000	\$757.24
1999	\$0.00

Paid out to Beneficiary

Total Value as of 9-30-01	\$849.86
Beneficiary	Rebecca Loethan

Employee Stock Purchase Plan

Contribution rate as of 9-11-01: 1 %

212-005344-0065

These schedules can be attached directly to the September 11th Victim Compensation Fund application. You can refer to these schedules rather than copying the information onto the application. If you have any questions on the information, call 312-381-3158.

OCT-06-2003 10:08

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Julie Geis

Page 4 of 8

AON

Employee ID: 0028531

Address: Kansas City MO

Birth Date: 8/14/1957

SS#: [REDACTED]

Company name: Aon Risk Services Companies

Service Date: 5/29/1995

Insurance		Type	Beneficiary(s) and Relationship to Victim	Amount (by beneficiary)
Carrier/Provider	Account/Policy #			
CIGNA	CUL024685Z	Executive Life	Rebecca Loethan Friend	\$310,500
Combined Insurance Company of America	VL-00100	Supplemental Life	Rebecca Loethan Friend	\$621,000
Combined Insurance Company of America	BA-00100	Basic AD&D	Rebecca Loethan Friend	\$310,500
Combined Insurance Company of America	VA-00100	Supplemental AD&D	Rebecca Loethan Friend	\$500,000
Combined Insurance Company of America	TA-00100	Business Travel Accident	Rebecca Loethan Friend	\$932,000

212-005344-0066

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OCT-06-2003 10:08

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Julie Geis

Page 5 of 6

AON

Employee ID: 0028531

Address: Kansas City MO

Birth Date: 8/14/1957

SS#: [REDACTED]

Company name: Aon Risk Services Companies

Service Date: 5/29/1995

Life Insurance Premiums

Benefit Plan	Deduction Description	Contribution Amt
2001		
Executive Life Insurance	Employee paid premium	\$125.59
Executive Life Insurance	Employer paid premium	\$6,148.00
Supp. Life (64 or less - 4xSalary)	Employee paid premium	\$508.96
2000		
Executive Life Insurance	Employee paid premium	\$79.04
Executive Life Insurance	Employer paid premium	\$8,193.00
Basic Life (64 or less - 2xSalary)	Employer paid premium	\$190.54
Supp. Life (64 or less - 4xSalary)	Employee paid premium	\$621.53
1999		
Basic Life (64 or less - 2xSalary)	Employer paid premium	\$299.66
Supp. Life (64 or less - 4xSalary)	Employee paid premium	\$599.06
1998		
Basic Life (64 or less - 2xSalary)	Employer paid premium	\$72.84
Supp. Life (64 or less - 4xSalary)	Employee paid premium	\$503.65

Accidental Death and Dismemberment Insurance Premiums

Benefit Plan	Deduction Description	Contribution Amt
2001		
Basic AD&D (69 or less)	Employer paid premium	\$28.32
Supp. AD&D - 1xSalary Before Tax	Employee paid premium	\$55.40
2000		
Basic AD&D (69 or less)	Employer paid premium	\$72.95
Supp. AD&D - 4xSalary Before Tax	Employee paid premium	\$134.54
1999		
Basic AD&D (69 or less)	Employer paid premium	\$89.60
Supp. AD&D - 4xSalary Before Tax	Employee paid premium	\$178.94
1998		
Basic AD&D (69 or less)	Employer paid premium	\$20.33
Supp. AD&D - 4xSalary Before Tax	Employee paid premium	\$150.42

Long Term Disability Premiums

Benefit Plan	Deduction Description	Contribution Amt
2001		
Long-term Disability	Employee paid premium	\$482.96
2000		
Long-term Disability	Employee paid premium	\$571.63
1999		
Long-term Disability	Employee paid premium	\$306.66
1998		
Long-term Disability	Employee paid premium	\$251.52

212-005344-0067

These schedules can be attached directly to the September 11th Victim Compensation Fund application. You can refer to these schedules rather than copying the information onto the application. If you have any questions on the information, call 312-381-3158.

OCT-06-2003 10:08

P.08

Julie Geis

Page 6 of 6

AON

Employee ID: 0028531

Address: Kansas City MO

Birth Date: 8/14/1957

SS#: [REDACTED]

Company name: Aon Risk Services Companies

Service Date: 5/29/1995

Workers Compensation

(as of 6-20-02)

Total Paid:	\$5,000.00
Funeral Expense:	\$5,000.00
Lump Sum Death Benefit: (Uninsured Employers and Vocational Rehab Funds)	\$0.00

Beneficiary Information

Beneficiary	Relationship	Birth Date of Children	Payout
No Dependents/Beneficiary			

Related Expenses Reimbursed by AON

Funeral Expenses	\$5,000.00
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212-005344-0068

These schedules can be attached directly to the September 11th Victim Compensation Fund application. You can refer to these schedules rather than copying the information onto the application. If you have any questions on the information, call 2-381-3158.

EXHIBIT 4



FINE, OLIN & ANDERMAN, LLP

please send all correspondence to our Processing Center:
436 Robinson Avenue • Newburgh, New York • 12550
888-909-4FOA (888-909-4362)

Fax: 866-711-1087

Web: www.foalaw.com

NOTARY PUBLIC

March 18, 2003

REFER TO OUR FILE #

Ms. Rebecca Loethen
2204 Southwest Forest Park Circle
Lees Summit, MO 64081-2242

Re: WCB No: 0024 2970
Claimant-Julie M. Geis
Employer-AON
D/A: 9/11/01
Carr: Transcontinental Ins. Co.
Our File No: 506354

Dear Ms. Loethen:

As you are aware, this firm represented your interest at a workers' compensation hearing held on March 12, 2003. As you also are aware, testimony was taken from you as well as Ms. Betty Geis on the issue of domestic partnership. The Judge has found that you were a domestic partner of Ms. Julie Geis. As such, this case was established ANCR death, with an average weekly wage of \$3,892.75. Awards were made from 9/12/2001 to 10/26/2001 at \$400.00 reimbursement to the employer; and from 10/26/01 to date at \$400.00, and the carrier to continue paying you \$400.00 per week. In about three to four weeks, you will receive a retroactive payment from 10/26/01 to March 12, 2003. This check should be approximately \$29,000.00, minus our attorney's fee of \$4,000.00. Thereafter, the insurance carrier is to continue paying you \$400.00 a week. As I have indicated to you, the Judge has withheld \$4,000.00 for the attorney's fee. Please sign and notarize at the bottom of this letter and return it to me as soon as possible so that we may write to the Board so that he may release the attorney's fee.

Should you have any questions or comments regarding this matter, please do not hesitate to contact this office. We thank you in advance for your cooperation in this matter.

Very truly yours,

Mariorie Richemard

MR/pl

REBECCA LOETHEN

NOTARY PUBLIC

my commission expires 9/21/03

MANHATTAN • ALBANY • BINGHAMTON • BUFFALO • CHEMUNY • NEWBURGH • NYACK • POUGHKEEPSIE
SCHENECTADY • SYRACUSE • TROY • UTICA • WHITE PLAINS • NEWARK, NJ • NORTH HAVEN, CT



212-005344-0168



Robert R. Snashall
Chairman

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
PO BOX 29017
BROOKLYN, NY 11202-9017
www.wcb.state.ny.us
(800) 877-1373

506354

State of New York - Workers' Compensation Board

In regard to Julie M. Geis (Deceased), WCB Case #0024 2970

NOTICE OF DECISION
(Death Claim)

keep for your records

At the Workers' Compensation hearing held on 03/12/2003 involving the claim of Julie M. Geis (Deceased) at the Manhattan hearing location, Judge William Griff made the following decision, findings and directions:

AWARD - THE EMPLOYER OR INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE AS FOLLOWS:

Initial decision.

The period from 10/26/2001 to 3/12/2003 for 71.6 weeks totaling \$28,640.00 is awarded as follows:

Award to:	Relation	DOB	Pct	Rate / week	Total	Pay to:
Rebecca Loethen	Spouse	7/12/1942	66.67%	\$400.00	\$28,640.00	Rebecca Loethen

Carrier Continue Payments bi-weekly in the amount of \$800.00

Any money previously paid for the above period(s) will be deducted from the total amount.

DECISION: The claimant Julie M. Geis (Deceased) had a work related injury resulting in her death. The claimant's average weekly wage for the year worked before this work related injury or occupational disease is determined to be \$3,892.75 per investigation. I find Rebecca Loethen to be the domestic partner of decedent Julie Geis. Carrier to withhold \$4,000.00 as possible attorney fees. Reimburse employer for wages paid from 9/12/01 to 10/26/01 @ \$400.00 per week. No further action is planned by the Board at this time.

Claimant -	Julie M. Geis (Deceased)	Employer -	AON
Social Security No. -	[REDACTED]	Carrier -	Transcontinental Ins Co
WCB Case No. -	0024 2970	Carrier ID No. -	W209001
Date of Accident -	09/11/2001	Carrier Case No. -	
District Office -	NYC	Date of Filing of this Decision -	03/20/2003

ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).

(66)16769750-4

Copies To:
Claimant: Julie M. Geis (Deceased)
Carrier: Transcontinental Ins Co
Employer: AON
Attorney/Representative: Fine, Olin & Anderman P.C.
McCarthy, Small & Associates,
Rebecca Loethen
Paul & Betty Geis

Fine, Olin & Anderman P.C.
c/o Processing Center
436 Robinson Ave
Newburgh, NY 12550

MAY 19 2003

Julie M. Geis (Deceased)
c/o Paul and Betty Geis
4090 Pioneer Road
Beaver Crossing, NE 68313

AON
8th Floor
200 East Randolph Dr.
Chicago, IL 60601

Transcontinental Ins Co
c/o CNA
PO Box 4855
Syracuse, NY 13221-4855

Fine, Olin & Anderman P.C.
c/o Processing Center
436 Robinson Ave
Newburgh, NY 12550

McCarthy, Small & Associates,
80 Broad Street
33rd Floor
New York, NY 10004

Rebecca Loethen
2204 S.W. Forestpark Circle
Lee's Summit, MO 64081

Paul & Betty Geis
4090 Pioneer Road
Beaver Crossing, NE 68313-9460

EC-23 (4/98)

OVER

212-005344-0170

EXHIBIT 5

**AMENDED
CRIME VICTIMS BOARD
DEATH CLAIM DECISION**

Claim No: 446600 WTC

Decedent's Name: JULIE M. GEIS

Claimant's Name and Address:

Attorney's Name and Address:

REBECCA S. LOETHEN
2204 S.W. FOREST PARK CIRCLE
LEE'S SUMMIT, MO 64081

**BOARD MEMBER
CHRISTINA HERNANDEZ**

MEDICAL AND FUNERAL EXPENSES

<u>PROVIDER</u>	<u>TOTAL</u>	<u>ALLOWED</u>	<u>RECEIVED</u>	<u>BALANCE</u>
LINDA L. MOORE & ASSOC.	\$3,360.00	\$3,360.00	-0-	\$3,360.00*

COUNSELING: YES

*PAYABLE TO CLAIMANT

EMPLOYMENTOccupation AON CENTER Monthly Salary \$12,937.51

Federal Income Tax	\$ 3,881.24	
State Income Tax	0	
City Income Tax	0	
Social Security	\$ 989.68	
Personal Expenses	0	
TOTAL	\$ 4,870.92	
Net Income		\$ 8,066.59

Present Income:

Pension	0
Social Security	0
Workers' Compensation	\$1,733.33
TOTAL	\$1,733.33

Lost of Support	From: 1/2/02	thru 7/31/03	
Months	19 MONTHS	thru \$8,066.59	= \$153,265.15
Weeks		at	=
		Total Loss of Support	\$153,265.15

Reimbursements:

(Soc. Sec.)

(W.C.)

(Salary Cont.)

	at	=
19 MONTHS	at \$1,733.33 (EST. W.C.)	= \$ 32,933.33
	at	=
Total Reimbursement		= \$ 32,933.33
Actual Loss of Support		= \$120,331.82

Attorney's Fees

\$

PAYABLE LOSS OF SUPPORT

\$ 30,000.00*

*REDUCED TO MAXIMUM ALLOWED BY NEW YORK STATE LAW \$30,000.00

Total Funeral Expenses	0
Total Medical Expenses	0
Total Counseling Expenses	\$ 3,360.00
Total Loss of Support	\$30,000.00
TOTAL AWARD	\$33,360.00
Attorney Fee	0
TOTAL AWARD DUE	\$33,360.00

JUN 17 2003

212-005344-0165

- 2 -

CLAIM NO. 446600

WTC

VICTIM: JULIE M. GEIS
CLAIMANT: REBECCA S. LOETHEN

1. Statutory Requirements: YES
2. Financial Difficulty: N/A
3. Rescue Worker: NO

Reason for Decision:

This is an Amended Decision. The original decision of the Board dated September 5, 2002 closed the claim for failure to supply requested information. The claim was reopened upon submission of the requested information.

Claimant was the domestic partner of a forty-four year old female, who was a victim of a terrorist act at the World Trade Center on September 11, 2001 in New York, New York.

After reviewing the file and the evidence submitted, I find that eligibility and jurisdiction have been established; and that the provisions of Article 22, Section 631, of the Executive Law have been complied with. The victim was an innocent victim of a crime.

Accordingly, an award is herein made and payable, pursuant to claimant's authorization dated May 9, 2002 as follows:

To:
REBECCA S. LOETHEN
2204 S.W. FOREST PARK CIRCLE
LEE'S SUMMIT, MO 64081

\$33,360.00

SS#: [REDACTED]
(for unreimbursed counseling expenses \$3,360.00 and for loss of support from 1/1/02 to 7/31/03 less estimated Worker's Compensation, \$30,000.00)

TOTAL AWARD \$33,360.00

Executive Law Section 626 (1) provides the Board may consider reimbursement for the cost of counseling for the eligible spouse, parents, step-parents, grandparents, guardians, siblings, step-siblings, children and step-children of a homicide victim. Therefore, pursuant to Executive Law Section 626 (1), claimant will be permitted to submit to the Board for consideration of payment evidence of any causally related unreimbursed counseling expense, if incurred as a direct result of the crime, after submission to any applicable health insurance coverage. The Crime Victims Board is payer of last resort.

Dated: JUN 17 2003
Dated at Albany, New York

Signed:

Christina Hernandez
Christina Hernandez
Board Member

CH:dlm

NOTICE TO CLAIMANT OR ATTORNEY

If you are dissatisfied with the decision of the Board Member who decided your claim, you may, within thirty days after receipt of the decision, make an application in writing to the Chairperson of the Board for consideration of the decision by the Board. Your application should specify the grounds thereof, and should be sent to the Board at its principal office at Albany, New York.

CRIME VICTIMS BOARD
845 Central Avenue
Albany, New York 12206-1588

If an award has been granted, the decision must then be reviewed by the Office of the State Comptroller whose approval must be received prior to the award payment. You should receive payment within eight to ten weeks from the date of the decision.

212-005344-0166

EXHIBIT 6

Linda R. Moore
& associates

A Summary of Therapy Notes

Rebecca Loethen's first psychotherapy session was 4/30/02, approximately nine months after the traumatic events of September 11, 2001, and the death of her partner. The list of all other appointments is attached.

Presenting Problem: Inability to function effectively; extreme grief; sleeplessness; dramatic shifts in eating patterns, in social interactions, and in general physical health.

Diagnosis: Initial diagnosis was adjustment disorder with depression. Current Diagnosis is Post Traumatic Stress Disorder

After several months of therapy Ms. Loethen has begun to function somewhat more effectively in her life. There is a lack of consistency in her functioning due to mood swings, some fairly dramatic, with thoughts of not wanting to go on with life. She is not suicidal; however, such thoughts frighten her and add to the difficulty of facing each day and living a full life.

Through multiple, weekly sessions directed at expressing her grief; facing the basic loss of her future as she had pictured and planned it; confronting the anger that is common and normal with such tragic, sudden, and senseless loss of life; struggling with confronting the grief and loss experienced by the large and close knit family of her partner, and that of countless friends; and working hard to involve herself in the efforts to memorialize her partner, Ms Loethen has begun to attempt to put fragments of her life back together.

Serious symptoms remain. She suffers from severe rashes that have covered her body, necessitating cortisone shots; bouts of diarrhea that are only abated with

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Linda L. Moore
& associates

medication; continued trouble sleeping with normal consistency; and a general level of depression necessitating anti-depressant medications.

Ms. Loethen is highly motivated to live her life fully and effectively, and her progress through this period is normal in what is believed to be a two to five year recovery process surrounding grief. The added trauma of the nature of this loss - for individuals and for our country - leaves most professionals feeling inadequate to provide an accurate prognosis since this kind of trauma has far less research to assist in predicting outcomes.

Ms. Loethen will likely need continued psychotherapy for a minimum of one to two years. She has expanded her work on her recovery to include a holistic health routine, including regular exercise and attention to basic nutritional and physical health needs. The combination is essential to her progress.

Linda L. Moore, Ed.D.
Psychologist

212-005344-0211

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Linda R. Moore
Ex associates

November 20, 2003

Rebecca Loethen
 2204 SW Forest Park Circle
 Lee's Summit, MO 64081

DATE	SERVICE/CPT	CHARGE	AMT. PAID	BALANCE
01/10/03	Individual Psychotherapy-90806	120.00	120.00	00.00
01/16/03	Individual Psychotherapy-90806	120.00	120.00	00.00
01/27/03	Individual Psychotherapy-90806	120.00	120.00	00.00
02/13/03	Individual Psychotherapy-90806	120.00	120.00	00.00
02/18/03	Individual Psychotherapy-90806	120.00	120.00	00.00
02/27/03	Individual Psychotherapy-90806	120.00	120.00	00.00
03/06/03	Individual Psychotherapy-90806	120.00	120.00	00.00
03/13/03	Individual Psychotherapy-90806	120.00	120.00	00.00
04/09/03	Individual Psychotherapy-90806	120.00	120.00	00.00
04/16/03	Individual Psychotherapy-90806	120.00	120.00	00.00
04/23/03	Individual Psychotherapy-90806	120.00	120.00	00.00
05/19/03	Individual Psychotherapy-90806	120.00	120.00	00.00
05/28/03	Individual Psychotherapy-90806	120.00	120.00	00.00
06/02/03	Individual Psychotherapy-90806	120.00	120.00	00.00
07/23/03	Individual Psychotherapy-90806	120.00	120.00	00.00
07/30/03	Individual Psychotherapy-90806	120.00	120.00	00.00
08/18/03	Individual Psychotherapy-90806	120.00	120.00	00.00
08/27/03	Individual Psychotherapy-90806	120.00	120.00	00.00
09/10/03	Individual Psychotherapy-90806	120.00	120.00	00.00
09/17/03	Individual Psychotherapy-90806	120.00	120.00	00.00
10/02/03	Individual Psychotherapy-90806	120.00	120.00	00.00
10/08/03	Individual Psychotherapy-90806	120.00	120.00	00.00
10/22/03	Individual Psychotherapy-90806	120.00	120.00	00.00

Dx: 309.00, 308.3

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212-005344-0212

Linda R. Moore
& associates

January 2, 2003

Rebecca Loethen
 2204 SW Forest Park Circle
 Lee's Summit, MO 64081

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04/30/02	Individual Psychotherapy-90806	120.00	120.00	00.00
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05/15/02	Individual Psychotherapy-90806	120.00	120.00	00.00
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05/29/02	Individual Psychotherapy-90806	120.00	120.00	00.00
06/06/02	Individual Psychotherapy-90806	120.00	120.00	00.00
06/12/02	Individual Psychotherapy-90806	120.00	120.00	00.00
07/01/02	Individual Psychotherapy-90806	120.00	120.00	00.00
07/15/02	Individual Psychotherapy-90806	120.00	120.00	00.00
07/22/02	Individual Psychotherapy-90806	120.00	120.00	00.00
07/31/02	Individual Psychotherapy-90806	120.00	120.00	00.00
08/07/02	Individual Psychotherapy-90806	120.00	120.00	00.00
08/13/02	Individual Psychotherapy-90806	120.00	120.00	00.00
08/19/02	Individual Psychotherapy-90806	120.00	120.00	00.00
08/27/02	Individual Psychotherapy-90806	120.00	120.00	00.00
09/05/02	Individual Psychotherapy-90806	120.00	120.00	00.00
09/16/02	Individual Psychotherapy-90806	120.00	120.00	00.00
09/30/02	Individual Psychotherapy-90806	120.00	120.00	00.00
10/08/02	Individual Psychotherapy-90806	120.00	120.00	00.00
10/16/02	Individual Psychotherapy-90806	120.00	120.00	00.00
10/23/02	Individual Psychotherapy-90806	120.00	120.00	00.00
11/04/02	Individual Psychotherapy-90806	120.00	120.00	00.00
11/06/02	Individual Psychotherapy-90806	120.00	120.00	00.00
11/12/02	Individual Psychotherapy-90806	120.00	120.00	00.00
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Linda R. Moore
& associates

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212-005344-0212

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07/01/02	Individual Psychotherapy-90806	120.00	120.00	00.00
07/15/02	Individual Psychotherapy-90806	120.00	120.00	00.00
07/22/02	Individual Psychotherapy-90806	120.00	120.00	00.00
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